

Program Overview: Project Support

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Behavior Improvement Programs	Definitions/ Notes
Program Name	Project Support	
History of Program	This therapeutic program was designed to assist mothers and children who were transitioning out of domestic abuse shelters and where there was evidence of clinically significant conduct problems with at least one child between the ages of 4 and 9 years old.	
Description of Program as it Relates to addressing CEV	<i>Project Support</i> is designed to be implemented in-home within the initial stages of transition out of a domestic abuse shelter. This program was developed in order to target child conduct problems that often accompany exposure to domestic violence and to assist maternal self-efficacy in dealing with these difficulties. The main goals of the intervention are to 1) provide direct support to mothers and children as they make the transition from shelter to independent living as well as 2) teach mothers effective strategies to manage child's conduct difficulties. Support includes setting up resources so that mother's may become self-sufficient in the transition out of a violent home environment. Safety planning, decision-making and problem solving training are integral components of the program. Additionally, mother-child interactions are assessed and an individualized program of child management skills are designed to address the specialized needs of each dyad. Therapists work directly with mothers in direct instruction, practice and feedback regarding child management techniques. Child mentors work directly with children modeling pro-social behavior and providing positive, supportive relationships.	
	Intervention Tertiary/Targeted Intervention Crisis Response	
Primary	Domestic Violence	

Highlighted text indicates program components are currently under review. Changes may be pending.

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Exposure Type	Maltreatment (non-specific)	
Target Population	Family Systems Individual Children/ Youth Parent/Caregivers(s)	
Target Age	Early Childhood (3-5) Middle Childhood (6 - 12)	For children ages 4-9 and their mothers
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	No	
Primary Settings	Supportive Housing/Shelters Homes (biological)	
Persons or Entities in charge of delivering Program	Home Visitors Supportive Housing/Shelter Staff Mental Health Providers (e.g., Social Workers, Therapists) Community Providers (e.g., mentors) Other (Please describe)	Other: therapists may be trained and supervised clinical psychology graduate students, where child mentors are trained undergraduate and post-baccalaureate students
Primary Components	Assessment/ Triage/Screening Referrals Case Management Home-Visiting Child Individual Therapy Child Mentoring Parent Training/Therapy Parent/ Family Support Services Community Resource Planning	

Resource & Capacity Planning

Category	Behavior Improvement Programs	Definitions/ Notes
Length/Duration of Program	Up to 8 months after leaving shelter	Weekly one and a half hour sessions although there is flexibility built-in due to the high incidence of crises that arise in this population
Required Materials	Manuals/Program materials	
Training Requirements	Face-to-face training	
Provider Certification/Training/Requirements	Program Specific Certification/Training Required	Therapists must be trained in techniques used within the intervention but unclear whether or not need one specific educational/training background or if more generally requires clinical background.
System or Agency Recommendations for Serving CEV Populations	<p>With-in Agency Support & Infrastructure</p> <p>It is important to gain buy-in and support from principal and administration. Further, teachers who have students in the program should be invited to participate in the teacher education program. Implementers should include time for obtaining parental consent, as well as working with educators to identify children for the group. Referral for other services may be indicated for children who need more intensive services or who continue to exhibit symptoms at the end of the program.</p>	

Evidence for CEV

Category	Behavior Improvement Programs	Definitions/ Notes
Evidence for Preventing or Addressing Violence Exposure	Program demonstrates a high degree of effectiveness in reducing either the risk of exposure and/or ameliorating the effects of exposure to violence (e.g., related behavioral distress, PTSD, perpetration/assault, Nightmares) among children or caregivers.	
Evaluation Design of Studies with CEV	Randomized, control experimental design	
Violence Exposure-Related Outcomes	<p>Child (Briefly Describe) Participating children significant reductions of externalizing problems (as reported by mother) and reduction in anxiety, distress, and other, related emotional symptoms . These reductions continued 24 months post-intervention. None of the children in the treatment group showed clinical levels of internalizing difficulties at 24 months.</p> <p>Parent (Briefly Describe) Participating mothers report significant improvements in their use of child management skills, including using lower levels of inconsistent and harsh parenting (e.g. spanking, slapping) compared to mothers in the control groups . Findings also show participating mothers were less likely to have returned to their former abusive partners than their control group peers, and reported reductions in maternal global psychiatric symptoms, such as depression. Changes in mothers' inconsistent and harsh parenting were maintained after the intervention period.</p>	

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<p>Additional Research Information</p> <p>(This will be a link to another page, a drill down box or separate section)</p>	<p>N = 26 boys and 10 girls; ages 4-9 years (mean age 5.67 years)</p> <p>Twenty-six children met diagnostic criteria for Oppositional Defiant Disorder, and 10 met criteria for conduct disorder. Self-reported ethnicity was: 11 African American, 10 Caucasian, 12 Latino, 1 Asian American, and 2 "Other". During the year prior to entering the shelter, women indicated that the mean number of acts of violence perpetrated toward them was estimated at 68.38. All dyads were low income.</p> <p>Mother-child dyads were randomly assigned to either the intervention (N = 13) or the comparison condition (N =13) following an initial in-home assessment. Demographic variables and results of initial screening measures did not differ between the two groups. Both Intervention and Control groups were contacted monthly either in person or on the telephone for 16 months following discharge from the shelter. At each monthly contact and at each assessment point, researchers inquired about family needs and made necessary referrals. Utilization of community resources was documented monthly. None of the mothers in either condition received outside mental health services during the treatment time period.</p> <p>Control group mothers were offered shelter services "as usual" and were encouraged to use typical community resources with the exception of crises - which were responded to in either condition.</p> <p>Five assessments were conducted spaced four months apart. The Child Behavior Checklist (CBCL) was used to assess mother's perceptions of child problem behaviors. Direct Observation of mother's child management skills with a double-coding system, Symptom Checklist-90—Revised (SCL-90-R) to assess mother global psychiatric symptoms.</p>	<p>Study 1: Jouriles, E., et al. (2001). Reducing Conduct Problems Among Children of Battered Women. <i>Journal of Consulting and Clinical Psychology</i>, Vol. 69, 774-785</p> <p>Study 2: McDonald, R., Jouriles, E., & Skopp. (2006). Reducing Conduct Problems Among Children Brought to Women's Shelters: Intervention Effects 24 Months Following Termination of Services. <i>Journal of Family Psychology</i>, Vol. 20, 127–136</p> <p>Study 3: Jouriles E., McDonald, R., Rosenfield, D., Stephens, N., Corbitt-Shindler, D., & Miller, P. (2009). Reducing Conduct Problems Among Children Exposed to Intimate Partner Violence: A Randomized Clinical Trial Examining Effects of Project Support. <i>Journal of Consulting and Clinical Psychology</i>, Vol. 77, 705–717</p>

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	<p>An extension of study 1 above was conducted in order to examine longer-term effects of participation in the program. Thirty families from the original sample agreed to participate for a 24-month follow-up. Thirteen of these families had participated in the Project SUPPORT intervention condition, and 17 participated in the comparison condition. N= 21 boys and 9 girls, mean age = 5.5 years. Ethnicity as follows: 9 Caucasian, 11 African American, 8 Latino, 1 Asian American, and 1 "other".</p> <p>Disruptive behavior disorder (oppositional defiant disorder/ conduct disorder) was evaluated through a semi-structured interview that adhered to the standards of DSM-IV criteria. School teachers were also asked to participate in order to get multiple informants to report on child behavior problems. The Child Behavior Checklist (C BCL) was also used to identify mother's reports of child internalizing and externalizing behaviors. Additionally, the revised conflict tactics scale (CTS-R) was used to identify self-reported maternal aggression toward the target child. Information about contacts with previously abusive partner were also obtained. Lastly, mothers were asked about recurrence of physical violence using the 8-item Physical Violence subscale of the Conflict Tactics Scales (CTS).</p> <p>Authors set out to replicate earlier findings (see Jouriles et al 2001) with a larger sample and with multiple measures for each outcome. 32 families were randomly assigned to the intervention condition and 34 families to the control condition. Children were split fairly equally on gender in both conditions, as well as ethnicity (similar to earlier Jouriles et al 2001)</p> <p>Five assessments were conducted every four months. Children's problem behavior was assessed using mothers' report of the Child Behavior Checklist (CBCL) and the Eyeberg Child Behavior Inventory (ECBI). Direct observational data were</p>	

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	<p>used to examine child behavior within a family context and code oppositional child behavior using schemes developed by Hetherington and Clingempeel (1986). <i>Parenting behavior</i> was obtained via mothers' reported degree of inconsistency in response to child misbehaviors using the Parenting Dimensions Inventory (PDI). Mothers also were asked to report on the frequency of maternal acts of aggression toward their child during the previous 4 months using the Revised Conflict Tactics Scale—Parent-Child. Direct observational data were used to examine mother affect and behavior within a family context and coded for expressed negative affect and harsh behavior from mother toward child using coding schemes developed by Hetherington and Clingempeel (1986). Mothers also reported on the degree to which she was experiencing psychiatric distress and trauma symptoms (e.g., re-experiencing) in the previous week using the Symptoms Checklist-90 and Impact of Events Scale.</p>	
Sources	<p>Empirical Studies (peer-reviewed journal) California Clearing House Other (describe): NCTSN (www.nctsNet.org)</p>	

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Selected References & Helpful Links

National Child Traumatic Stress Network (www.nctsNet.org)

Jouriles, E., et al. (2001). Reducing Conduct Problems Among Children of Battered Women. *Journal of Consulting and Clinical Psychology*, Vol. 69, 774-785

McDonald, R., Jouriles, E., & Skopp. (2006). Reducing Conduct Problems Among Children Brought to Women's Shelters: Intervention Effects 24 Months Following Termination of Services. *Journal of Family Psychology*, Vol. 20, 127-136

Jouriles E., McDonald, R., Rosenfield, D., Stephens, N., Corbitt-Shindler, D., & Miller, P. (2009). Reducing Conduct Problems Among Children Exposed to Intimate Partner Violence: A Randomized Clinical Trial Examining Effects of Project Support. *Journal of Consulting and Clinical Psychology*, Vol. 77, 705-717